

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90038 037 \*\*\*150.00

**DOCUMENT # P37346**

1. Entity Name  
**DEPUY ORTHOPAEDICS, INC.**

Principal Place of Business      Mailing Address  
**700 ORTHOPAEDIC DR**      **P.O. BOX 988**  
**WARSAW IN 46581**      **WARSAW IN 46581-0988**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **35-1843282**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)     

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <b>DORMER, M J</b> <b>700 ORTHOPAEDIC DR</b> <b>WARSAW IN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BINDER, JEFFREY R</b> <b>700 ORTHOPAEDIC DR</b> <b>WARSAW IN 46581</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PIAZZA, MARK T</b> <b>700 ORTHOPAEDIC DR</b> <b>WARSAW IN 46581</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GANSLER, STEPHAN</b> <b>700 ORTHOPAEDIC DR</b> <b>WARSAW IN 46581</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SEWARD, TAYLOR</b> <b>700 ORTHOPAEDIC DR</b> <b>WARSAW IN</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>OBERHAUSEN, THOMAS J.</b> <b>700 ORTHOPAEDIC DR</b> <b>WARSAW IN 46581</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Kevin P. Dwyer</b> <b>700 Orthopaedic Dr.</b> <b>Warsaw, IN 46581</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Pat Richardson</b> <b>700 Orthopaedic Dr.</b> <b>Warsaw, IN 46581</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)